

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4530NTC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/04/2008
NAME OF PROVIDER OR SUPPLIER VEGAS VALLEY TREATMENT CENTER, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1325 S COMMERCE LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as the result of a Complaint Investigation conducted at your facility on 11/17/08 and completed on 12/4/08. The State Licensure survey was conducted in accordance with Chapter 449, Facilities for Treatment with Narcotics; Medication Units, effective April 15, 1998.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>Complaint #NV00019845 was substantiated. Other regulatory deficiencies were identified and cited.</p>	N 00		
N169 SS=I	<p>449.1548(4) OPERATIONAL REQUIREMENTS</p> <p>In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall:</p> <p>4. Be in full compliance with all applicable provisions of 42 C.F.R. Part 8, all other applicable federal laws and regulations and all other requirements of the SAMHSA and the DEA.</p> <p>This Regulation is not met as evidenced by: 42 Code of Federal Regulations</p>	N169		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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N169	<p>Continued From page 1</p> <p>8.12 Federal opioid treatment standards (2) Initial medical examination services. OTPs shall require each patient to undergo a complete, fully documented physical evaluation by a program physician or a primary care physician, or an authorized healthcare professional under the supervision of a program physician, before admission to the OTP. The full medical examination, including the results of serology and other tests, must be completed within 14 days following admission.</p> <p>Based on record review and interview from 11/17/08 to 12/4/08, the facility was not in compliance with 42 Code of Federal Regulations (CFR), Part 8.12 by not ensuring that 122 of 122 clients had evidence of receiving a physical evaluation by the program physician or a primary care physician or an authorized healthcare professional under the supervision of the program physician.</p> <p>Findings include:</p> <p>The files for Client #1 through #10 were reviewed on 11/17/08. The files indicated that all ten clients received a full medical examination from the clinic physician on the same day as their admission dates.</p> <p>The program director reported on 11/17/08 that when a client was admitted, the clinic nurses performed a history and physical (H&P) on the client and dated the H&P with the admission date. The director further reported the clinic physician came to the clinic every week on Wednesdays to see clients. The clinic's licensed alcohol and drug abuse treatment counselor confirmed the director's statement. The director also reported that after the physician performed his own H&P</p>	N169			

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N169	Continued From page 2 on patients, he would sign the nurse's H&P form, but dated it with the same date as the nurse's H&P - the admission date. The physician did not sign and date the H&P form with the actual date he saw the client. Ten current clients were contacted on 12/3/08 via the telephone. The clients had different admission dates dating back to 1/2/08. Telephone contact was made with five clients. All five individuals confirmed that they had never seen the clinic physician even though their record indicated he conducted a medical evaluation on them. An employee from the Commission on Accreditation of Rehabilitation Facilities reported on 12/4/08 that when the clinic physician and program director were interviewed, they admitted to her that the clinic physician had not seen many of the clients nor could the facility verify if all clients had been seen by either the clinic physician, a primary care physician or an authorized healthcare professional under the supervision of the clinic physician. Severity: 3 Scope: 3	N169			
N174 SS=I	449.1548(9) OPERATIONAL REQUIREMENTS In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall: 9. Develop and maintain a system to ensure that prospective and existing clients are not receiving narcotics from any other facility for treatment with narcotics or any other medication unit. This Regulation is not met as evidenced by:	N174			

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N174	<p>Continued From page 3</p> <p>Based on record review and interview from 11/17/08 to 12/4/08, the facility did not follow a system to ensure that 1 of 1 prospective clients were not receiving narcotics from any other narcotic treatment center.</p> <p>Findings include:</p> <p>Client #12 was admitted to the facility on 11/6/08 and was administered a 30mg dose of methadone. According to facility records, the client was discharged on 11/7/08 after the clinic discovered the client was receiving treatment in another methadone clinic.</p> <p>The form "Consent To Disclose Information Regarding Multiple Registration" for Client #12 was reviewed. The form listed eight narcotic treatment clinics in the local area. Seven of the clinics were checked off as having been contacted to see if the client was receiving treatment in their clinic. The eighth clinic was not checked off.</p> <p>The program director reported it was policy for staff to call the other local clinics before admitting and dosing a prospective client. The director stated this policy was not followed and Client #12 received a dose of methadone before the eighth clinic was contacted.</p> <p>In addition to administering a dose to a client before verifying if the client was receiving treatment in another methadone clinic, the form "Consent To Disclose Information Regarding Multiple Registration" was incorrect and had not been updated to list all of the methadone clinics in the Las Vegas area. The facility had not listed the most recently licensed narcotic treatment center on their form. The form needs to be</p>	N174			

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N174	Continued From page 4 updated to ensure that all of the treatment facilities in the local area are contacted prior to treating prospective clients. Severity: 3 Scope: 3	N174			
N175 SS=F	449.1548(10) OPERATIONAL REQUIREMENTS In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall: 10. Comply with all applicable local laws and regulations, including, but not limited to, zoning laws and regulations. This Regulation is not met as evidenced by: NRS 652.060 " Medical laboratory " defined. " Medical laboratory " means any facility for microbiological, serological, immunohematological (blood banking), cytological, histological, chemical, hematological, biophysical, toxicological, or other methods of examination of tissues, secretions or excretions of the human body. The term does not include a forensic laboratory operated by a law enforcement agency. NRS 652.080 License required; term; renewal; inactive status; licensure of laboratory located outside state. 1. Except as otherwise provided in NRS 652.217 and NRS 652.235, no person may operate, conduct, issue a report from or maintain a medical laboratory without first obtaining a license to do so issued by the Health Division pursuant to the provisions of this chapter. 2. A license issued pursuant to the provisions of subsection 1 is valid for 24 months and is renewable biennially on or before the date of its expiration.	N175			

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N175	<p>Continued From page 5</p> <p>3. No license may be issued to a laboratory which does not have a laboratory director.</p> <p>4. A license may be placed in an inactive status upon the approval of the Health Division and the payment of current fees.</p> <p>5. The Health Division may require a laboratory that is located outside of this state to be licensed in accordance with the provisions of this chapter before the laboratory may examine any specimens collected within this state if the Health Division determines that the licensure is necessary to protect the public health, safety and welfare of the residents of this state.</p> <p>Based on interviews and record review from 11/17/08 to 12/4/08, the facility did not have a state license to conduct urinalysis screening tests on 4 of 10 clients.</p> <p>Findings include:</p> <p>The files for Client #1, #3, #5 and #7 were reviewed. The files contained urinalysis testing results. The urinalysis test results either indicated that the urine samples had been analyzed by a laboratory or had been "dipped."</p> <p>The program director reported the facility performed urine "dip" tests occasionally on clients that appeared impaired. These "dip" tests were performed to detect the presence of Benzodiazepines. The program director also reported the facility performed urine pregnancy tests on female clients. The program director stated the facility did not have a state license to conduct urine screening tests because she was not aware the facility needed one.</p> <p>Severity: 2 Scope: 3</p>	N175		

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